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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/938,614
		Filing Date	August 27, 2001
		First Named Inventor	H. Kageyama
		Group Art Unit	2673
		Examiner Name	L. Shapiro
Total Number of Pages in This Submission		Attorney Docket Number	A8319.0004/P004

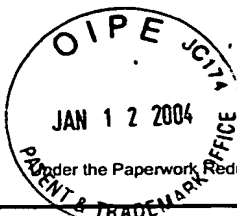
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (PT0-2038)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 mo.)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copy of Interview Summary (1 p.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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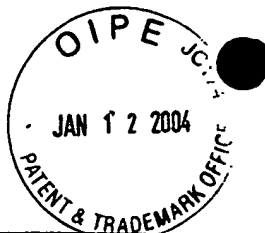
JAN 15 2004

Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson Registration No.: 33,082 Michael Bergman Registration No.: 42,318
Signature	
Date	12 JAN 2004



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/938,614
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 27, 2001
		First Named Inventor	H. Kageyama
		Examiner Name	L. Shapiro
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No. A8319.0000
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		JAN 15 2004 Technology Center 2600	
Deposit Account Number: 04-1073		Large Entity Small Entity	
Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid	
The Commissioner is hereby authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1053 130 1053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination	
FEE CALCULATION		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
1. BASIC FILING FEE		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Large Entity Small Entity		1251 110 2251 55 Extension for reply within first month 110.00	
Fee Code Fee (\$)	Fee Code Fee (\$)	1252 410 2252 205 Extension for reply within second month	
1001 750 2001 375	Utility filing fee	1253 930 2253 465 Extension for reply within third month	
1002 330 2002 165	Design filing fee	1254 1,450 2254 725 Extension for reply within fourth month	
1003 520 2003 260	Plant filing fee	1255 1,970 2255 985 Extension for reply within fifth month	
1004 750 2004 375	Reissue filing fee	1401 320 2401 160 Notice of Appeal	
1005 160 2005 80	Provisional filing fee	1402 320 2402 160 Filing a brief in support of an appeal	
SUBTOTAL (1) (\$)		1403 280 2403 140 Request for oral hearing	
0.00		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1452 110 2452 55 Petition to revive - unavoidable	
Total Claims: ** =		1453 1,300 2453 650 Petition to revive - unintentional	
Independent Claims: ** =		1501 1,300 2501 650 Utility issue fee (or reissue)	
Multiple Dependent: =		1502 470 2502 235 Design issue fee	
Large Entity Small Entity		1503 630 2503 315 Plant issue fee	
Fee Code Fee (\$)	Fee Code Fee (\$)	1460 130 1460 130 Petitions to the Commissioner	
1202 18 2202 9	Claims in excess of 20	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1201 84 2201 42	Independent claims in excess of 3	1806 180 1806 180 Submission of Information Disclosure Stmt	
1203 280 2203 140	Multiple dependent claim, if not paid	8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1204 84 2204 42	** Reissue independent claims over original patent	1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
1205 18 2205 9	** Reissue claims in excess of 20 and over original patent	1810 750 2810 375 For each additional invention to be examined (37CFR 1.129(b))	
SUBTOTAL (2) (\$)		1801 750 2801 375 Request for Continued Examination (RCE)	
0.00		1802 900 1802 900 Request for expedited examination of a design application	
**or number previously paid, if greater; For Reissues, see above		Other fee (specify) 148 Statutory Disclaimer	
SUBMITTED BY		SUBTOTAL (3) (\$)	
Name (Print/Type): Mark J. Thronson		110.00	
Michael Bergman		*Reduced by Basic Filing Fee Paid	
Registration No. (Attorney/Agent): 33,082		Complete (if applicable)	
42,318		Telephone: (202) 828-2232	
Signature:		Date: 12 JAN 2004	



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARK
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
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09/938614

08/27/01

Kageyama

A 8319.0004/p004

EXAMINER

LEONID SHAPIRO

ART UNIT	PAPER NUMBER
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2673

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DATE MAILED:

INTERVIEW SUMMARY

All participants (applicant, applicant's representative, PTO personnel):

- (1) Michael Bergman (3) LEONID SHAPIRO
(2) Vijay SHANKAR (4) _____

Date of Interview _____

Type: ☐ Telephonic ☐ Televideo Conference ☒ Personal (copy is given to ☐ applicant ☒ applicant's representative)

Exhibit shown or demonstration conducted: ☐ Yes ☐ No If yes, brief description: _____

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Agreement ☐ was reached. ☐ was not reached.

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Claim(s) discussed: 1-4, 9-12

Identification of prior art discussed: Proebsting (5,952,948), Seony (6,335,721)
Okada (5,608,421)

Description of the general nature of what was agreed to if an agreement was reached, or any other comments:

Consideration of independent claims.
in regard to Seony and Proebsting reference.

(A fuller description, if necessary, and a copy of the amendments, if available, which the examiner agreed would render the claims allowable must be attached. Also, where no copy of the amendments which would render the claims allowable is available, a summary thereof must be attached.)

☐ It is not necessary for applicant to provide a separate record of the substance of the interview.

Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW.

Examiner Note: You must sign this form unless it is an attachment to another form.

Michael Bergman